

Vegetated Swale/Grass Channel
Inspection and Maintenance Checklist
for Long Term Maintenance of Post-Construction BMPs

Facility Name: _____

Location: _____

Inspector(s): _____

Date and Time of Inspection: _____

Party Responsible for Maintenance:

Contact:

Phone Number:

E-mail:

0 = Good condition. Well maintained, no action required.
 1 = Moderate condition. Adequately maintained, routine maintenance needed.
 2 = Degraded condition. Poorly maintained, routine maintenance and repair needed.
 3 = Serious condition. Immediate need for repair or replacement.

A. Contributing Drainage Area							
<input type="checkbox"/>	Inspected						
<input type="checkbox"/>	Not Inspected						
Item							Comments
1.	Excessive trash/debris	0	1	2	3	N/A	
2.	Bare/exposed soil	0	1	2	3	N/A	
3.	Evidence of erosion	0	1	2	3	N/A	
4.	Excessive landscape waste/yard clippings	0	1	2	3	N/A	
5.	Impervious area added	0	1	2	3	N/A	

C. Inflow Points							
<input type="checkbox"/>	Inspected						
<input type="checkbox"/>	Not Inspected						
Item							Comments
1.	Inflow points (e.g. downspouts, curb cuts, edge of pavement) provide stable conveyance into the channel	0	1	2	3	N/A	
2.	Excessive trash/debris/sediment accumulation at inflow points	0	1	2	3	N/A	
3.	Evidence of erosion at/around inflow points	0	1	2	3	N/A	

D. Facility (Grass Channel)							
<input type="checkbox"/>	Inspected						
<input type="checkbox"/>	Not Inspected						
Item							Comments
1.	Channel remains vegetated; no concrete, rip-rap, or other lining has been added	0	1	2	3	N/A	
2.	Grade ensures positive flow	0	1	2	3	N/A	
3.	Evidence of erosion	0	1	2	3	N/A	
4.	Sediment accumulation	0	1	2	3	N/A	
5.	Excessive trash/debris accumulation	0	1	2	3	N/A	

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6.	Evidence of oil/chemical accumulation	0	1	2	3	N/A
7.	Vegetation condition	0	1	2	3	N/A

<i>F. Miscellaneous</i>						
<input type="checkbox"/>	Inspected					
<input type="checkbox"/>	Not Inspected					
	Item					Comments
1.	Complaints from local residents	0	1	2	3	N/A
2.	Mosquito breeding	0	1	2	3	N/A
3.	Encroachments (e.g. filling, fences, obstructions, etc.)	0	1	2	3	N/A

Inspector's Summary:

Sketch of Facility
 (note problem areas)